

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

12875

FILED MAR 21 1953

BIRTH NO. ....

REG. DIST. NO. 317PRIMARY REG. DIST. NO. 500Registrar's No. 793

## 1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN Creve Coeur, Mo.,c. LENGTH OF  
STAY (In hospital)  
1 month.

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri.

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN St. Louis, 2129d. FULL NAME OF  
HOSPITAL OR  
INSTITUTION HANLEY NURSING HOMEd. STREET  
ADDRESS 5414 Delmar Blv'd., 13. NAME OF  
DECEASED  
(Type or Print)

a. (First)

MARGARET

b. (Middle)

c. (Last)

STARK.

4. DATE  
OF  
DEATH

(Month)

(Day)

(Year)

Mar. 11, 1953

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED,  
WIDOWED, DIVORCED (Specify)

Single.. 0

## 8. DATE OF BIRTH

Aug. 7, 1871.

9. AGE (In years  
last birthday)

81.

IF UNDER 1 YEAR

Months

Days

IF UNDER 1 HRS.

Hours

Mins.

10a. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if retired)

School Teacher..

10b. KIND OF BUSINESS OR IN-  
DUSTRY

Retired..

11. BIRTHPLACE (City and State or Foreign Country)

Warrensburg, Missouri

12. CITIZEN OF WHAT  
COUNTRY?

USA

## 13a. FATHER'S NAME

John Primm Stark

## 13b. MOTHER'S MAIDEN NAME

Mary Primm

## 14. NAME OF HUSBAND OR WIFE

None.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown):

No

16. SOCIAL SECURITY  
NO.

none.

## 17. INFORMANT'S SIGNATURE OR NAME

Mrs. Lamiza Lambert, 6033 Clemens Ave,

## ADDRESS

## 18. CAUSE OF DEATH

Enter only one cause per  
line for (a), (b), and (c)\*This does not mean  
the mode of dying, such  
as heart failure, asthma,  
etc. It means the dis-  
ease, injury, or complica-  
tion which caused death.I. DISEASE OR CONDITION  
DIRECTLY LEADING TO DEATH\*

(a) Degenerative heart disease

## ANTECEDENT CAUSES

Morbid conditions, if any, giving  
rise to the above cause (a) stating  
the underlying cause last.

DUE TO (b)

Coronary disease - myocardial  
infarction

DUE TO (c)

Last infarction March 10, 1953

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.INTERVAL BETWEEN  
ONSET AND DEATH

Since 1928

Since 1949

19a. DATE OF OPERA-  
TION

## 19b. MAJOR FINDINGS OF OPERATION

4201

## 20. AUTOPSY?

YES ☐NO ☒21a. ACCIDENT  
SUICIDE  
HOMICIDE

(Specify)

21b. PLACE OF INJURY (e.g., in or about  
home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME  
OF  
INJURY

(Month)

(Day)

(Year)

(Hour)

21e. INJURY OCCURRED  
WHILE AT  
WORK

m.

WHILE AT  
WORKNOT WHILE  
AT WORK

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1928, 19, to March 11, 1953, that I last saw the deceased  
alive on March 4, 1953, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

## 23a. SIGNATURE

(Degree or title)

## 23b. ADDRESS

539 No. Grand Blvd.,

## 23c. DATE SIGNED

3/12/53

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Cremation..

## 24b. DATE

3/13/53.

## 24c. NAME OF CEMETERY OR CREMATORY

Oak Grove Crematory..

## 24d. LOCATION (City, town, or county)

St. Louis County, Mo.,

(State)

DATE REC'D BY LOCAL  
REG.

3-12-53

## REGISTRAR'S SIGNATURE

Herbert R. Danks

## 25. FUNERAL DIRECTOR'S SIGNATURE

C.R. Lupton &amp; Sons; 7233 Delmar Blvd.

## ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer \_\_\_\_\_

Signed

*Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.